## OK CITY USE ONLY

Confirmation No.

## HOUSING COUNSELING AGENCY REGISTRATION REQUEST

ONE Request per Attendee must be submitted

## PLEASE PRINT

## **HOUSING COUNSELING AGENCY INFORMATION**

Please fax your registration request to the HUD National Servicing Center -Oklahoma City, (405) 609-8421. If you have any questions, you may contact Larry Davenport (405) 609-8450.

Housing Counseling Agency Name:		
HUD Approved Counseling Agency: Y	es	No
Faith Based Organization: Yes	No	
Main Company Address:		
Executive Director:		
Main Telephone:		
Main FAX Number:		
E-mail/WEB site:		
Types of Counseling Provided: Please che		
Rental Counseling		Loss Mitigation Counseling
Rental Counseling Pre-purchase Counseling		Default/Foreclosure
Reverse Mortgage/HECM Counseling		Counseling
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	of Training, Date(s	S
		), and Location
Type  Basic Loss Mitigation Training	of Training, Date(s	), and Location Location of Training
<u>Type</u>	of Training, Date(s) Training Date(s)	), and Location Location of Training
Type  Basic Loss Mitigation Training Servicing Training	of Training, Date(s) Training Date(s)	), and Location  Location of Training  —— ——————————————————————————————
Type  Basic Loss Mitigation Training Servicing Training  Name:	of Training, Date(s) Training Date(s)	), and Location  Location of Training  —— ——————————————————————————————
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Type  Basic Loss Mitigation Training Servicing Training  Name: Job Title:	of Training, Date(s Training Date(s)	), and Location  Location of Training  —— ——————————————————————————————
Type  Basic Loss Mitigation Training Servicing Training  Name: Job Title:  Agency Name:	of Training, Date(s Training Date(s)	Location Of Training  —————————————————————————————————
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Type  Basic Loss Mitigation Training	of Training, Date(s Training Date(s)	Location Of Training  —————————————————————————————————
Basic Loss Mitigation Training Servicing Training  Name: Job Title: Agency Name: Address: If different than above	of Training, Date(s Training Date(s)	Location of Training
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Basic Loss Mitigation Training Servicing Training Name: Job Title: Agency Name: Address: If different than above	of Training, Date(s Training Date(s)	Location of Training  —————————————————————————————————
Type  Basic Loss Mitigation Training Servicing Training  Name: Job Title:  Agency Name:	of Training, Date(s Training Date(s)	Location of Training

Class will begin 9:00 each day, at the appropriate HUD Office. Dress is Business Casual. **Oklahoma City HUD Office:** 301 N.W. 6<sup>th</sup> Street, Oklahoma City, OK 73102. Training Room: 2<sup>nd</sup> Floor. **Tulsa HUD Office:** 1516 South Boston Avenue, Tulsa, OK 74119. Training Room: 2<sup>nd</sup> Floor, Room 214.